

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 509813

**FILED  
Jun 24, 2010  
Secretary of State**

**Entity Name:** JELLINGER & LERMAN M.D., PA

**Current Principal Place of Business:**

1150 N 35TH AVE  
SUITE 590  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

GELBER & COMPANY  
11450 INTERCHANGE CIRCLE NORTH  
MIRAMAR, FL 33025 US

**New Mailing Address:**

**FEI Number:** 59-1681317      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRESS, MARTIN  
500 E. BROWARD BLVD.  
FT. LAUDERDALE, FL 33394 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JELLINGER, PAUL S  
Address: 1150 N 35TH AVE, SUITE 590  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP  
Name: LERMAN, SAM  
Address: 1150 N 35TH AVE, SUITE 590  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL JELLINGER

PD

06/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date